

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1957

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NUMBER

Registrar's No.

38045

9246

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) 1446 Chouteau Ave.	
3. NAME OF DECEASED (Type or print) First Paul Middle Eugene Last Ricker		4. DATE OF DEATH Month Sept. Day 29 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 2, 1918
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Punch Press Operator		11. BIRTHPLACE (City and state or country) Kansas City, Kansas U.S.A.	
13a. FATHER'S NAME George E. Ricker		13b. MOTHER'S MAIDEN NAME Ida Mae Bolten	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 227-16-6053	
17. INFORMANT Maxine Ricker		Address 1446 Chouteau Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized carcinomatosis (Primary site lung) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 162x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1 year
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from Sept. 9, 1957 to Sept. 29, 1957 and last saw her alive on Sept. 29, 1957 Death occurred at 6:58 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. V. Bradley (Degree or title) M.D.		22b. ADDRESS BARNES HOSPITAL	
		22c. DATE SIGNED 9-29-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE October 5, 1957	
23c. NAME OF CEMETERY OR CREMATORY Free Free Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
24. FUNERAL DIRECTOR Baumann Bros. Inc.		25. DATE RECD. BY LOCAL REG. OCT 3 1957	
ADDRESS Overland, Mo.		26. REGISTRAR'S SIGNATURE J. Carl Smith	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by not embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Lorraine Schmidt

Licensed Embalmer No. 12345

P. O. Address

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.